

2009 Mentor Project Application Form **Application deadline May 22, 2009.**

Company Name:	Mentor Applicant Name: Title:
Street Address:	
City, State, Zip Code:	
Telephone:	Fax:
Email:	
Please name your company's industry:	Years in business:
Number of employees in business:	
Will you be able to commit 9 months to a mentoring relationship? ___Yes ___No	
Please check each of the boxes where you and our company are able to provide mentor assistance:	
<input type="checkbox"/> Accounting	<input type="checkbox"/> Legal
<input type="checkbox"/> Business Plan	<input type="checkbox"/> Loan Applications
<input type="checkbox"/> Contract Negotiations	<input type="checkbox"/> Management Consulting
<input type="checkbox"/> Finance	<input type="checkbox"/> Marketing/Sales
<input type="checkbox"/> Government Contracting	<input type="checkbox"/> Proposal Writing
<input type="checkbox"/> HR/Benefits	<input type="checkbox"/> Strategic Planning
<input type="checkbox"/> IT Technology	
<input type="checkbox"/> Other resources (please list):	
Please include a copy of your company profile along with this application.	
Signature of Mentor Applicant	

Return to:
Women's Business Council – Southwest
2201 N. Collins, Suite 158
Arlington, TX 76011 Fax: 817.299.0949

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